

AFLAC CANCELLATION NOTICE

Date: _____

I, _____, do hereby request cancellation
(printed name of insured)

of my _____ Policy _____.
(type of policy) (policy number)

I, _____, do hereby request cancellation
(printed name of insured)

of only my _____ rider on my
(type of rider)

_____ policy, Policy No. _____.
(type of policy) (policy number)

Please make this cancellation effective _____.
(date)

Insured's signature: _____

Insured's SSN: _____

Associate/Agent: _____
(name and writing number)

American Family Life Assurance Company of Columbus (Aflac)
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